

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>83413</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>2005</b> Through <b>12</b> / <b>31</b> / <b>2005</b>
3 Name and address of person filing Name <b>Mark Garrelts</b> P O Box Bldg Room No If any Street <b>3420 County Road 444</b> City <b>Hibbing</b> State <b>Minnesota</b> ZIP Code + 4 <b>55746</b>	4 Name file number and address of labor organization Name <b>Plumbers &amp; Pipefitters Local 589</b> Labor Organization File Number <b>028-559</b> P O Box Building and Room Number If any Street <b>107 South 15th Avenue West</b> City <b>Virginia</b> State <b>Minnesota</b> ZIP Code + 4 <b>55792</b>
5 Position in labor organization <b>Local 589 Vice President</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name If any P O Box Bldg Room No If any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income  7 b Amount

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

*Mark A. Garrelts*

On

**3-30-06**

Date

**(218) 262-1977**

Telephone Number

Name of Person Filing <b>Mark Garrelts</b>	File Number <b>U-</b>
--	-----------------------

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from or selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name <u>Joint Apprenticeship Cmte of Local 11 &amp; 589</u></p> <p>Trade Name If any <u></u></p> <p>P O Box Bldg Room No If any <u></u></p> <p>Street <u>4402 Airpark Boulevard</u></p> <p>City <u>Duluth</u></p> <p>State <u>Minnesota</u> ZIP Code + 4 <u>55811-5712</u></p>	<p><b>9 Business deals with</b></p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name <u></u></p> <p>Trade Name If any <u></u></p> <p>P O Box Bldg Room No If any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p><b>11 a Nature of such dealing</b></p> <p><u>The Labor Organization listed in #4 above, jointly sponsors the Trust Fund listed in #8 above</u></p> <p><b>11 b Approximate dollar value of such dealing</b> <u>\$0</u></p> <p><b>12 a Nature of interest held or income received</b></p> <p><u>I received wages and fringes for teaching apprenticeship courses from the Apprenticeship Fund set forth in #8 above</u></p> <p><b>12 b Amount</b> <u>\$848</u></p>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<p><b>13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b></p> <p>Name <u></u></p> <p>Trade Name If any <u></u></p> <p>P O Box Bldg Room No If any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p><b>14 a Nature of payment.</b></p> <p><u></u></p>
<p><b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?</p>	<p><b>14 b Amount of payment.</b></p> <p><u></u></p>